



STATE DEPARTMENT OF EDUCATION

P.O. BOX 83720
BOISE, IDAHO 83720-0027

TOM LUNA
STATE SUPERINTENDENT
PUBLIC INSTRUCTION

Applicant Name	
Date of Birth	

Instructions for Handling Fingerprint Cards

To be used by authorized fingerprinter only beyond this line

The person presenting you with this fingerprint card will be using it for the purpose of either applying for an Idaho teaching credential or to become a school employee. In order to assure proper handling of this card by the applicant and to avoid an incomplete or improper application, please answer the following questions. Please sign this form and attach it to the fingerprint card.

1. _____ Has the applicant filled out the personal information on the fingerprint card to include: name (including aliases), complete mailing address, social security number, citizenship, date of birth, and personal information (sex, race, etc.)?
2. _____ Have you verified the ORI information located directly above the Sex/Race/HGT fields: ID920170Z, Dept of Edu, Boise, ID. This information **must** be clearly identified in the ORI field.
3. _____ Have you made a positive identification of this applicant using at least one form of photo identification, such as a photo driver's license, Division of Motor Vehicles photo identification card, military identification card, etc.?
4. _____ Have you signed and dated the fingerprint card on the appropriate line?

AUTHORIZED FINGERPRINTER'S SIGNATURE

DATE

Name (Please print or type)

Police Agency/School District/Institution

Fingerprinter's Email Address

PLEASE DON'T FORGET TO SIGN THE FINGERPRINT CARD

Revised 2/13

Office Location
650 West State Street

Telephone
208-332-6800

Speech/Hearing Impaired
1-800-377-3529

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208-334-2228